

Lead Release Form

Name:

Tenant
ID:

Current Address: _____ Apt.# _____ Zip: _____

1. How many children in the household are under the age of six? _____ (List all below)

Name of Child(ren) under age 6 (First & Last Name)	Date of Birth	Male or Female	Relationship to child (Parent, grandparent, foster, aunt, guardian, etc.)

2. Are there any children under the age 6 in the household with an elevated blood lead level 15ug/dl or above?

3. If yes to question #2, how many? _____ Please indicate the child's blood level.

You need to provide LHA with a copy of the child's blood test

I am authorizing LHA to obtain information on:

Name of Child(ren) under age 6 with an Elevated Blood Level (First & Last Name)	Blood Lead Level

- A. Blood level test results conducted by the Health Department, Childhood Lead Poisoning Prevention Program for all of my children under the age of six (6).
- B. Any reports completed by the Health Department or State of Louisiana concerning lead testing or correction of lead hazards for a current, past unit or future unit:

Head of Household/Guardian:

(Signature)

Date:

THIS FORM DOES NOT GO TO THE AGENT/OWNER OR LANDLORD

(OFFICE USE ONLY)

Must be filled out by staff

Intake Specialist: _____

ORIGINAL IN TENANT'S FILE